

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

04-28-2003 91335 003 ****61.25

DOCUMENT # N48617
1. Entity Name
LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC.



Principal Place of Business
**1933 RIDGE ROAD
NORTH PALM BEACH FL 33408**

Mailing Address
**25802 PRAIRIESTONE DR
LAGUNA HILLS CA 92653
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0352349**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JUCENAS, BRONE M.
1933 RIDGE ROAD
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **Liuda Avizonis**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Liuda V. Avizonis* DATE 4/20/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JUCENAS, BRONE M.	
STREET ADDRESS	1933 RIDGE ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVIZONIS, LIUDA V.	
STREET ADDRESS	25802 PRAIRIESTONE DR.	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVIZONIS, PETRAS V.	
STREET ADDRESS	25802 PRAIRIESTONE DR.	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIAUKUS, MILDA E.	
STREET ADDRESS	21 BROWNSON DR.	
CITY-ST-ZIP	SHELTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIAUKUS, SIGTAS	
STREET ADDRESS	21 BROWNSON DR.	
CITY-ST-ZIP	SHELTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOMAS, GREGORY B M.D.	
STREET ADDRESS	6578 CANYON COVE PR.	
CITY-ST-ZIP	SALT LAKE CITY UT	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Liuda V. Avizonis, Pres.* DATE 5/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)